

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b> (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="font-size: 1.2em; font-weight: bold;">09/856843</div>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	1		1					
2		1		1				
3		2		1				
4		1		1				
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100								
TOTAL IND.		↓	1	↓		↓		
TOTAL DEP.		↓	12	↓		↓		
TOTAL CLAIMS			13					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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